

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S22841** (8)

1. Corporation Name

CRAIG HEGSTROM BUILDER, INC.



Principal Place of Business

**25445 STATE ROAD 46
SORRENTO FL 32776
US**

Mailing Address

**25445 STATE ROAD 46
SORRENTO FL 32776
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/04/1991

3a. Date of Last Report

02/28/1995

4. FEI Number

59-3042849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HEGSTROM, CRAIG
25445 STATE ROAD 46
SORRENTO FL 32776**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if agent is not the corporation)

Signature of Registered Agent (if agent is the corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D HEGSTROM, CRAIG**
STREET ADDRESS **25445 STATE ROAD 46**
CITY-STATE-ZIP **SORRENTO FL**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Add on
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Add on
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Add on
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Add on
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Add on
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Add on
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (352) 235-0717
Dwayne Perkins

CR2E034 (12/95)